

(2)

United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

| | | | |
|---|---|---|--|
| PLAINTIFF United States of America | | COURT CASE NUMBER 16-02383 | |
| DEFENDANT Leslie Jennings, Administratrix of the Estate of Rachel F. Boose | | TYPE OF PROCESS Sale | |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| | Leslie Jennings, Administratrix of the Estate of Rachel F. Boose ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) RR2 Box 181B a/k/a 5507 Berwick Turnpike, Columbia Cross Roads, PA. 16914 (Bradford County) | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | | |
| <div style="border: 1px solid black; padding: 5px; margin: 5px;"> KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106 </div> | | Number of process to be served with this Form 285 | |
| | | Number of parties to be served in this case | |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Minimum Bid: \$45,000.00

Sale: November 1, 2017 at 11:00 a.m., Bradford County Courthouse, 301 Main Street, Towanda, PA. 18848

| | | | |
|---|---|----------------------------------|------------------|
| Signature of Attorney other Originator requesting service on behalf of: | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 215-627-1322 | DATE 10/23/17 |
|---|---|----------------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--------------------|------------------------------|-----------------------------|---|--------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 67 | District to Serve No. 67 | Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i> DARC | Date 10/30/2017 |
|---|--------------------|------------------------------|-----------------------------|---|--------------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | | | |
|--|--|---------------|---|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode | | |
| Address (complete only different than shown above) | Date 11/1/17 | Time 11:00 | <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy <i>[Signature]</i> | | |

| | | | | | |
|----------------------|--|----------------|---------------------------|------------------|---|
| Service Fee \$195 | Total Mileage Charges including endeavors \$75.60 | Forwarding Fee | Total Charges \$270.60 | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 |
|----------------------|--|----------------|---------------------------|------------------|---|

REMARKS:

NO SALE

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 11/13FILED
HARRISBURG, PA

NOV 06 2017

[Signature]